

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**AMBASSADOR TIMOTHY L. TOWELL**

Mailing Address 1528 33RD ST NW

City	State	Zip Code
WASHINGTON	DC	20007-2722

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**FOREIGN POLICY GROUP**

Occupation  
**PRESIDENT**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1900.00

**Transaction ID : SA17.182278**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
01			05			2016			

**CONTRIBUTION**

Amount of Each Receipt this Period

500.00

**B. Full Name (Last, First, Middle Initial)**

**AMBASSADOR TIMOTHY L. TOWELL**

Mailing Address 1528 33RD ST NW

City	State	Zip Code
WASHINGTON	DC	20007-2722

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**FOREIGN POLICY GROUP**

Occupation  
**PRESIDENT**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1900.00

**Transaction ID : SA17.182356**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
01			05			2016			

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

**C. Full Name (Last, First, Middle Initial)**

**STEPHEN TOWNSEND**

Mailing Address 2057 ROCKINGHAM ST

City	State	Zip Code
MCLEAN	VA	22101-4925

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**DPRA**

Occupation  
**STRATEGIC PLANNER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

877.00

**Transaction ID : SA17.182099**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
01			04			2016			

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

**Subtotal Of Receipts This Page (optional)**.....

700.00

**Total This Period (last page this line number only)**.....